FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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PROVAL		
3235-0076		
April 30, 2008		
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Serial		
ECEIVED		

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series B Preferred Stock Financing Extension	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: Amendment	Section 4(6) ULØE
A. BASIC IDENTIFICATION DATA	A RECEIVED (CA)
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) ReconNex Corporation	OCY 0 4 2005
Address of Executive Offices (Number and Street, City, State, Zip Code) 201 Ravendale Drive, Mountain View, CA 94043	Telephone Number (including Area Code) (650) 940-4567
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Enterprise security software	PROCESSED
Type of Business Organization	OCT 0 6 2005
corporation limited partnership, already formed business trust limited partnership, to be formed other	(please specify): THOMSON FINANCIAL
Actual or Estimated Date of Incorporation or Organization: Month Year	Actual Estimated ate:

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

_ ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



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		A. BASIC ID	ENTIFICATION DATA	· · · · · · · · · · · · · · · · · · ·				
2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and • Each general and managing partner of partnership issuers.								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if Massaro, Donald J.	individual)							
Business or Residence Addres	c (Number and Stree	et City State Zin Code)						
201 Ravendale Drive, Mount	•							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if	individual)				· · · · · · · · · · · · · · · · · · ·			
Bochner, Steven E.			·····					
Business or Residence Addres 650 Page Mill Road, Palo Al		et, City, State, Zip Code)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if Getgen, Kimberly	individual)	.*						
Business or Residence Addres	s (Number and Stree	et, City, State, Zip Code)						
201 Ravendale Drive, Mount	•				·			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if	individual)							
Ahuja, Ratinder								
Business or Residence Addres 201 Ravendale Drive, Mount	,							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if Collins, Bob	individual)							
Business or Residence Addres	s (Number and Stree	et, City, State, Zip Code)		* = 4				
201 Ravendale Drive, Mount	tain View, CA 9494	43						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if	individual)							
Howard, Matthew								
Business or Residence Addres	•							
Norwest Venture Partners, 5				57	F1			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer		General and/or Managing Partner			
Full Name (Last name first, if	individual)							
Haykin, Randy	o (Number and Street	ot City State 7in Code	<u> </u>					
Business or Residence Addres Outlook Ventures, 135 Main	-	•	15					
Janook ventures, 133 Wall			ditional copies of this shee	t as necessary)				

BASIC IDENTIFICATION DATA A. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Kozel, Edward Business or Residence Address (Number and Street, City, State, Zip Code) 100 Pine Street, San Francisco, CA 94111-5222 General and/or Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director Managing Partner Full Name (Last name first, if individual) Norwest Ventures Business or Residence Address (Number and Street, City, State, Zip Code) 525 University Avenue, Suite 800, Palo Alto, CA 94301 Check Box(es) that Apply: Beneficial Owner **Executive Officer** Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) **Outlook Ventures** Business or Residence Address (Number and Street, City, State, Zip Code) 135 Main Street, Suite 1350, San Francisco, CA 94105 Promoter Beneficial Owner **Executive Officer** Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) The Ricky K. Lowe and Nina M. Harris-Lowe 1998 Revocable Trust dated September 24, 1998 Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 2539, Menlo Park, CA 94026 Beneficial Owner □ Director General and/or Check Box(es) that Apply: Promoter Executive Officer Managing Partner Full Name (Last name first, if individual) Levensohn, Pascal Business or Residence Address (Number and Street, City, State, Zip Code) Levensohn Venture Partners, 260 Townsend Street, Suite 600, San Francisco, CA 94107 ■ Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) West, W. Michael Business or Residence Address (Number and Street, City, State, Zip Code) 14801 Andrew Court, Saratoga, CA 94070 Executive Officer Director General and/or Check Box(es) that Apply: Beneficial Owner Managing Partner Full Name (Last name first, if individual) Levensohn Venture Partners Business or Residence Address (Number and Street, City, State, Zip Code) 260 Townsend Street, Suite 600, San Francisco, CA 94107 (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	-			. В.	INFOR	MATION A	ABOUT OF	FERING				
. Has th	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								,,,,,,,,,,,	Yes	No ⊠	
	Answer also in Appendix, Column 2, if filing under ULOE.							_	EZ)			
2. What i	What is the minimum investment that will be accepted from any individual?						\$	N/A				
3. Does t	he offering pe	ermit joint ov	vnership of a	single unit?							Yes ⊠	No □
. Enter t	he informatio	n requested f	or each perso	n who has be	en or will be	paid or given	, directly or i	ndirectly, any	commissio	n or similar	_	_
person	eration for sol or agent of a ve (5) persons	broker or dea	der registered	with the SE	C and/or witl	h a state or st	ates, list the 1	name of the bi	roker or deal	er. If more		
dealer				- porconio or .								
•												
usiness or	Residence Ad	ldress (Numb	er and Street	, City, State	, Zip Code)							
ame of As	sociated Brok	er or Dealer										
tates in Wh	nich Person L	isted Has Sol	icited or Inte	nds to Solici	t Purchasers					<u>.</u>		
(Check "	All States" or	check indivi	duals States)	••••			•••••••	***************************************		·····		1 States
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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt 0 \$ 1,965,994.92 Preferred Common Partnership Interests \$ Other (Specify ____)\$ Total \$ 9,799,954.08 \$ 2,752,390.68 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchase Accredited investors \$ 2,752,390.68 Non-accredited Investors 0 Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of Offering Security Sold Rule 505 Regulation A.... Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees.... Printing and Engraving Costs

Legal Fees

Accounting Fees

Engineering Fees

Sales Commissions (specify finders' fees separately)

Other Expenses (identify)

Total

C:\NrPortbl\PALIB2\CRH\3206960_1.DOC (14391)

\$ 40,000.00

40,000.00

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1. 18. 	C. OFFERING PR	rice, number of investors, expenses and	USE OF PROCEEDS			
	b. Enter the difference between the aggregate could be total expenses furnished in response to Part C -	offering price given in response to Part C - Question 1 and - Question 4.a. This difference is the "adjusted gross	d	\$ 9,759,954.08		
5 .	Indicate below the amount of the adjusted gross the purposes shown. If the amount for any purpoleft of the estimate. The total of the payments lifterth in response to Part C - Question 4.b above	the				
			Payments to Officers, Directors & Affiliates	Payments To Others		
	Salaries and fees		. 🗆 \$	□ s		
	Purchase of real estate		. 🗆 s	S		
	Purchase, rental or leasing and installation of n	nachinery and equipment	. 🗆 \$	S		
	Construction or leasing of plant buildings and	facilities	. 🗆 \$	S		
	Acquisition of other businesses (including the used in exchange for the assets or securities of	value of securities involved in this offering that may be another issuer pursuant to a merger)	. 🗆 \$	□ \$		
	Repayment of indebtedness		. 🗆 \$	\$		
	Working capital		. 🗆 \$	\$9,759,954.08		
	Other (specify):		. 🗆 \$	\$		
	Column Totals		. 🔲 \$	\$ 9,759,954.08		
	Total Payments Listed (column totals add	ied)	\$ 9,759,954.08			
	Augusta tillus ana ettera terriplisangsami	D. FEDERAL SIGNATURE				
unde		the undersigned duly authorized person. If this notice is filed unand Exchange Commission, upon written request of its staff, e 502.				
Isst	uer (Print or Type)	Signature D	Date			
Rec	onNex Corporation	S/W S	September 28 , 2005			
	me of Signer (Print or Type)	Title of Signer (Print or Type)				
Don	nald J. Massaro	President and Chief Executive Officer				
		ATTENTION				
	Intentional Misstatements or (Omissions of Fact Constitute Federal Criminal Violatio	ons. (See 18. U.S.C. 100	1.)		